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CLINICS.

CLINICAL LECTURE.

Clinical Lecture on Resection of Knee-Joint in Children.—By THOMAS SMITH, Assistant Surgeon, to the Hospital for sick children.

GENTLEMEN: In a Clinical Lecture on the excision of the knee-joint, it is out of place to enter into a discussion on the claim to priority among those who first put this operation into practice. Let it suffice for us to know that the first operation of this kind was performed by an English provincial surgeon a century ago. This case, though successful, was not published until years afterwards—indeed not until after the death of the operator—and thus it furnished no suggestion or data for the guidance of Mr. Park, of Liverpool, the surgeon who twenty years afterwards, in reality, established the feasibility of this operation, and suggested its application to other articulations. The operation was subsequently

performed in France and Germany in a few instances at the end of the last century. Again, at the commencement of the present, it was performed by Sir P. Crampton, and subsequently by Mr. Syme, but for twenty years the operation was abandoned until re-introduced by Mr. Fergusson in 1850. Since that time it has been performed, indiscriminately or indiscriminately, in all between two and three hundred times. I may, perhaps, mention that at this hospital, though we are, to use a conventional term, resectionists, the operation has been performed but twice during the whole time that the hospital has been in existence—once by Dr. Holmes and once by myself—and on both occasions with a very successful result. On another occasion the operation was undertaken by Mr. Holmes, but the condition of the parts being unfavourable for resection, amputation of the thigh was performed. Thus, during twelve years, from a very extensive field of practice, consisting of that class of society most of all liable to joint

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disease, we have found but three cases where, in our judgment, this operation was justifiable.

Let us for a moment consider what this operation is, "resection," or "excision" of the knee as it is called, and what is its object. It is the complete removal of the articular surfaces forming the knee-joint, comprising the apposed surfaces of the femur and tibia, and the entire patella; the complete destruction of the cavity of the joint, and the removal of the synovial membrane, provided it is the seat of the disease, or a source of irritation.

Its object is to save the patient's limb, to give him a firm and unyielding support for the weight of the body, by obtaining bony ankylosis between the cut surfaces of tibia and femur; thus it accomplishes all the amputation can do, i. e., the removal of the local disease; and in addition it aims at providing a natural instead of an artificial support for the body. Any operation purporting to be a resection on the knee which does not fulfil the above conditions cannot fairly be considered as such, nor can the favourable results of the operation be anticipated. For instance, if the articular surface of one bone be removed, and the opposite, from its comparative freedom from disease, be spared, no bony union can take place until the cartilaginous surface of the bone that was spared be separated by ulceration, and its denuded surface be brought in contact with the sawn end of the opposite bone. This process is an exhausting and tedious one to the patient, I need scarcely say, and it is for this reason that the patella should be removed in these cases, as its presence in the wound retards recovery, and in no way better the condition of the limb when recovery has taken place. Dr. H. Hodges, of Boston, in an essay on excision of joints, has given us some statistical information on this subject. In sixty-one cases of resection of the knee where the patella was not removed, the percentage of deaths was 39 per cent. greater than in the cases where this bone was taken away. The same gentleman, in contrasting a large number of cases of recovery from this operation, where the patella was and was not removed, finds that the non-removal of the patella adds thirty days to the period of convalescence.

So far as my influence extends, I would exert it to persuade you that the operation of resection of the knee is not one of expe-

diency, as it is called, nor one lightly to be undertaken, since it—with the contingency of a secondary amputation which it always involves—exposes the patient's life to as much danger as does primary amputation of the thigh. Neither is the operation suited for acute inflammatory disease of the joint, but I would persuade you to regard the operation as a substitute for amputation in chronic disease of the synovial membrane, cartilages, or articular ends of the bones which, either by its exhausting character endangers the life of the patient, or is in its nature incurable. The disease, if of the bones, should be limited to their articular ends, while visceral disease, advanced age, or a very feeble constitutional condition alike preclude the performance of this operation.

For injuries of the joints, the operation has been but occasionally put in practice; indeed, it is seldom that the knee-joint is exposed to accidents sufficiently severe to justify resection, that are not at the same time so dangerous to the vitality of the limb or to life itself, as to necessitate amputation.

It has been performed for gunshot fractures of the articular ends of the bones, for wounds of the capsule with bruising of the bones, and for compound dislocation; but, with a few exceptions, the general success of these operations has not been remarkable, nor such as to encourage a repetition of the proceeding under similar circumstances, though at the same time the success has been sufficient to justify the operation in exceptional cases.

Resection of the knee is seldom applicable in the case of young children; firstly, because in them diseases of this joint, when in progress, are more amenable to treatment than in adults; secondly, when destruction of the joints has taken place, osseous ankylosis is more easily attainable in the actively growing bones of the young than in the completely ossified bones of older people; and thirdly, that any extensive removal of bone from this part of the limb of a child, so as to interfere with the cartilaginous line between the epiphysis and shaft of either the tibia or the femur will be very likely to lead to complete arrest of growth in the limb, or so to check its growth as to produce in adult life a serious and irremediable inequality in the length of the lower extremities.

That this arrest of development should take place, and that the subsequent inequality in the length of the lower limbs should be occasionally so startling, is not to be wondered at when we consider that in the immediate neighbourhood of the knee-joints are the two most actively growing epiphysæ in the whole body. In one case operated upon by Mr. Pemberton where three and a-quarter inches of bone were removed, six years after the operation the limb was shrunken, blighted, and nine inches shorter than the opposite one. It was a result of this kind, in a young patient, that led Mr. Syme years ago, to abandon the operation altogether, and since then other cases have come to light in which the same accident has occurred. Indeed, our present state of knowledge justifies me in saying decidedly that if, in the operation, the layer of cartilage separating the shafts and articular ends of the bone be intruded on, in all probability the growth of the limb will be seriously interfered with. I would refer any one who is interested in this subject to a most useful paper in the *Medical and Chirurgical Transactions* for 1862, where Mr. Humphrey has collected the histories of many cases which bear upon the effect this operation exercises on the subsequent growth of the limb. On the other hand, as bearing strongly on this point, and in order rightly to estimate the value of this objection, I would remind you that without doubt long-continued disease of the knee-joint in childhood of itself often leads to great inequality in the length of the two lower limbs in adult life.

Perhaps of all diseases of the knee-joint, the most intractable is that form of synovitis termed pulpy thickening of the synovial membrane, or white swelling. As you are aware, in the later stages of this affection, suppurative generally occurs in the joint, the cartilages ulcerate, the bone becomes eroded, the ligaments give way, and the leg becomes dislocated outwards and backwards upon the femur—the patella slipping over the front of the joint towards the outer condyle of the femur.

Now, it is to this form of disease in its later stages that resection is particularly applicable as a method of treatment, and for these reasons: This disease is generally limited to the joint cavity and articular ends of the bones; it rarely of itself leads to bony ankylosis, and the dislocation which is so

liable to take place, is, so far as I know, irremediable. Do not misunderstand me; extreme flexion of the limb alone can be satisfactorily treated, and the limb can be restored to a right line, but I know of no way nor any apparatus by which the leg can be brought forwards again when once it has slipped behind the articular surface of the femur. It was for a case of this kind that I performed the operation in this hospital, some time ago, under the following circumstances:¹—

For the following account of the boy I am indebted to Mr. E. Calloway, of Canterbury:—

CASE 1.—He is now twelve years of age, and in excellent health and spirits; he never complains of any pain or uneasiness in his affected limb, and his powers of locomotion are certainly all that could be desired.

On March 10, he with other boys ran races, and won them all; is capital at cricket; can climb any tree better than the boys about him; can stand fairly and firmly upon his leg without any assistance, and every day sits at school five hours with his leg extended, without inconvenience or support. There is no mobility about the joint, and the straightness of the limb while walking without his boot is very slightly noticed, and in running he does not appear to throw the limb out much; he does not require a shoe for the affected limb more than half an inch higher in the heel than the other. The leg about the neighbourhood of the joint has a tendency to look inwards. The cicatrix is firm, sound, and healthy; he has now from a fall two abrasions, one in either end of the cicatrix, which are healing well. The measurements below I took as accurately as possible. From anterior superior spine of ilium to external malleolus—affected limb, 24 inches; non ditto, 26½ inches. From umbilicus to external malleolus—affected limb, 26 inches; non ditto, 27½ inches. In point of size and nutrition, the legs are both alike good.

From the photograph which accompanies Mr. Calloway's report, you may observe that the shortening of the limb is considerable. Some of it, however, is accounted for by the limb being slightly flexed. It is now nearly four years since the operation was done, and in that time the sound limb has outgrown the other by half an inch.

¹ This case is reported in the *Medical Times and Gazette* for Feb. 7, 1863.

Five months after the operation there was two inches difference between the limb; there is now two inches and a half difference.

In support of the objections to this operation entertained by some is adduced the rarity of its performance among the better classes of society, implying thereby, I suppose, that hospital surgeons are willing to perform operations on the poor to which they would not subject the rich. Whether this accusation be true or no, I would submit that the above statement may be made with regard to many operations; take, for instance, amputation of the thigh, for which the operation is a substitute, how rarely is this performed for disease of the knee-joint in the upper classes! In fact, destructive diseases of the joint are far less common in this rank of society; when such affections occur they are treated from their commencement with greater care, and if the joint be destroyed, there is in these classes less necessity for the power of independent locomotion, and a greater ability to carry about a useless member than in the labouring poor.

The following is the history of the case I shall have to bring before you to-day for operation:—

CASE 2.—May, 1863, Henry C., aged 6, Royston Street, Victoria Park, a pale-looking spare child, unnaturally intelligent, two years ago fell and struck his knee against the edge of a fender. The following morning the knee was swollen and painful. After a time he was taken to the London Hospital, where he was an in-patient for seven weeks, the knee being kept on a splint. After his discharge from the hospital he continued as an out-patient, the limb being kept on a splint. During this time the joint still continued painful, but as the splints caused a slough on the upper part of the leg, they were removed, and the limb became flexed. About a year ago, abscesses formed about the knee, both in front of the joint and in the popliteal space. About eight abscesses in all have formed. Two months ago he was an out-patient at another London hospital. When brought here, his knee was flexed and much enlarged; the leg was dislocated to a moderate extent backwards and outwards as regards the femur; it was intensely painful, a large abscess being evidently about to form. He was admitted, and a large abscess was opened just

above the inner condyle of the femur, which gave him complete relief from pain; the pain, however, is still very great on any attempt being made to move the joint. A few days after the opening of the abscess, an attempt was made to straighten the limb under chloroform; this could not be effected, as the posterior dislocation was too great. The limb was therefore placed on a splint in a semi-fixed position—an amount of restraint that the patient, however, could not bear, so that the splint was removed, and the joint was allowed to resume its former position. At the present time three or four openings are discharging matter in the neighborhood of the knee—one above the inner condyle, one in the popliteal space, a third on the inner side of the head of the tibia, and a fourth on the outer side of the joint.

I have obtained the permission of the parents of this patient to perform amputation of the limb, and this is always desirable before undertaking this operation, since no amount of care in investigation will secure perfect exactitude of diagnosis in respect of the degree of disorganization which the interior of the joint will present; nor can we always decide on the condition of the articular ends of the bones before their cancellous texture has been exposed with the saw. The incision, therefore, for exposing the joint should be so planned as to be a convenient one for amputation, should the state of the parts require it. I shall therefore expose this joint by a short semilunar flap crossing the front of the knee below the patella.

The patient being brought under the influence of chloroform, Mr. Smith resected the joint, removing the articular surfaces of the femur and tibia, with the entire patella, and removed with the scissors, all diseased synovial membrane. One vessel required a ligature; the cut surfaces of the femur and tibia appeared perfectly healthy. The thigh and leg easily came together into a right line without any division of the hamstrings; the limb being placed in a back splint, and a Liston's splint being adjusted from the axilla to the heel of the same side, the child was carried off to bed.

The greatest local difficulty in the management of these cases is to counteract the tendency of the bones of the leg to slip back behind the lower end of the femur, the latter bone having a disposition to ride over the

tibia. The splint therefore on which this limb has been placed has a pad upon it opposite and beneath the head of the tibia, while over the front and lower part of the femur is a short splint, which you may observe was fixed in position with a buckle and strap to allow of pressure being maintained without disturbing the dressings. One may fairly hope that the limb so put up will not need readjustment for at least a month. In the performance of this operation I would venture to advise you to leave the closing of the wound in the soft parts until after the splint has been applied, and the limb finally fixed. This will allow the surgeon to assure himself of the due apposition of the bones, and of the cessation of hemorrhage, which latter, if it occurs after the patient is put to bed, is troublesome, and hinders the reparatory process considerably.

The parts that have been removed in this operation present just such appearances as one could have wished. Thus, the cartilages are removed by ulceration, the articular surface of the bones are irregularly and pretty deeply eroded, the synovial membrane, where it exists, is thick, juicy, and very vascular; the patella is ulcerated on its under surface to a small extent. The disease is entirely confined to the joint and articular ends of the bones.

These circumstances are all in favour of the eventual result of the case, since the disease has admitted of complete removal without any encroachment upon the growing cartilage, separating the epiphysis from the bone in the tibia and femur.—*Med. Times and Gaz.*, Sept. 5, 1863.

HOSPITAL NOTES AND GLEANINGS.

Bromide of Potassium in Epilepsy.—

Bromide of potassium is still a favourite remedy in epilepsy, and is much used at the Hospital for Paralysis and Epilepsy by Dr. Ramskill, Dr. Radcliffe, and Dr. Hughlings Jackson. The dose generally prescribed is about ten grains. This Dr. Radcliffe frequently gives at bedtime every night, but Dr. Ramskill and Dr. Hughlings Jackson generally give it three times a-day. The dose may be increased to twenty, or even to thirty grains. There can be no question as to its very great value in diminishing the number of fits, and it is certainly by far the best remedy in this respect. We have

already reported cases in which it seemed to be of great benefit; but it is very doubtful whether it effects a cure. That it will keep the fits off for long periods, for months, or for a year, is quite certain; in many cases, however, the fits return when the drug is given up. We need scarcely say, that besides this specific treatment of the disease, the condition of the patient generally is carefully attended to. But any one may observe that, not unfrequently, epilepsy occurs in patients who are, except during, and for a short time after, the paroxysm, in good health. Here little else than specific treatment can be adopted. Probably, in such cases, there is some organic disease of the minute tissues of the medulla oblongata, or, as it is generally, but vaguely, expressed, the excitability of the medulla oblongata is increased. It is not likely that any drug will restore the damaged structures to their natural condition any more than it would thicken and contracted aortic valves; but it is quite certain that by treatment the fits may be kept off for very long periods. Again, and this is the next best thing to a cure, the patient's condition between the paroxysms is much improved. The bromide, it is well known, diminishes sexual appetite, and hence has been used in cases of epilepsy associated with masturbation. Its chemical congener, the iodide, has this property as well, but seems to have little or no influence on epilepsy. Again, the bromide, which is so useful in epilepsy, has, Dr. Brown-Séquard says, no influence over syphilis. This shows the truth of our remarks in reference to formate of ammonia, that from chemical relationship we cannot indicate a therapeutical one.—*Med. Times and Gaz.*, Feb. 13, 1864.

Injury to Spine followed by complete Paraplegia; Recovery.—The following case is interesting, as it affords an illustration of recovery after a very severe injury of the spinal cord. The injury sustained by the fall appears to have been partial dislocation of one or more of the vertebræ backwards, at the same time the apical canal was broken and the cord compressed. Nature's adapting processes were assisted by remedies to improve the nutrition of the cord; rest and position to relieve congestion; while the paralyzed muscles were artificially exercised to preserve them from degenera-

tion. The cure unfortunately was not quite complete; the flexors and extensors of the left foot remain permanently injured, and voluntary control over them is lost. This is not the result, however, of any change in the substance of these muscles or their nerves, but is due, in all probability, to defective nutrition and wasting of some nerve-tubes of the anterior columns or anterior roots belonging to them; and thus their communications with the brain have been severed at the seat of injury.

M. R., æt. 22, jumped out of a window in a drunken fit about nine months since. Paralysis of the legs instantly followed, and complete anæsthesia as high as the crests of the ilia. She suffered extreme pain in her back. Her bowels were very obstinate, and the bladder had to be emptied by the catheter.

The patient was admitted into the hospital on June 9, 1863, nine months after the accident; she then stated that the pain had gradually subsided for the last four months, and that she had gained slight power over her legs. She could only stand with assistance. The bladder acted feebly, and the bowels were very costive. The sensibility of the skin was dull over both legs, but there was marked anæsthesia over left calf, right gluteal region, and right side of vulva. On examining the spine, a posterior curvature was discovered involving the lower dorsal vertebrae. The treatment consisted in iodide of potassium internally with the occasional use of mild aperients. She was directed to rest on the abdomen, and the muscles were regularly stimulated by Faradisation.

At the end of one month she had made considerable improvement; she could stand alone for some minutes, and with assistance walk along the ward. There was, however, much more power over the right than the left foot, the flexor muscles of the toes acting very feebly, while the extensors continued completely paralyzed.

When discharged, September 1st, her general health was good. Sensibility had everywhere completely returned, and although she could walk firmly, there was still only partial power over the left foot—it was raised, and then flapped down awkwardly.—*Med. Times and Gaz.*, Feb. 20, 1864.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—The 15th annual meeting of the "American Medical Association," will be held in the city of New York: commencing June 7, 1864, at 10 o'clock A. M.

Proprietors of medical journals throughout the United States and their Territories, are respectfully requested to insert the above notice in their issues.

GUDIO FURMAN, M. D.,

Secretary.

New York, March, 1864.

University of Pennsylvania.—The number of students attending the medical lectures during the past session was 401; and at the commencement held on the 12th of March the degree of M. D. was conferred on 101 candidates.

Jefferson Medical College.—The number of students during the past session was 351; and at the commencement held on the 10th of March the degree of M. D. was conferred on 124 candidates.

Massachusetts Medical College.—At the commencement held on the 9th of March, 1864, the degree of M. D. was conferred on 38 candidates.

Iowa University.—The number of students attending lectures the past session was 107, and at its close the degree of M. D. was conferred on 39 candidates.

University of Michigan.—It is stated in the printed catalogue of this institution, that the number of students in the Medical Department at the last session was 340.

Pennsylvania Hospital.—Dr. JOS. PANCOAST has resigned his situation as one of the surgeons of this Institution, and Dr. THOS. GEO. MORTON has been selected in his place.

Children's Hospital of Philadelphia.—We are glad to learn from the eighth annual report of this very useful Institution, that it continues to prosper, and that there is a prospect it will have soon a building suitable for its purposes. A lot has been secured in an eligible situation, and the building

fund has received some liberal contributions during the past year. The admissions into the Hospital in 1863 were 99, 66 of which now remain under treatment. The number of dispensary patients was 1906.

Clifton Hall.—The fourth report of this private Hospital for mental diseases, under the charge of Dr. R. A. Given, now before us, states that nine patients, of whom three were ladies and six gentlemen, were inmates of this Institution on the 1st of Jan. 1863, and that sixteen patients, of whom four were ladies and twelve gentlemen, were received during the year. Fourteen were discharged during the year, leaving eleven, of whom seven are ladies and four gentlemen, under care at the present time.

Those who prefer to place their friends in a private instead of a public institution, will do well to visit Clifton Hall and examine into its management and arrangements. It may be reached by the Media Railroad, the cars of which stop at Clifton Station within a short distance of the Hospital.

OBITUARY RECORD.—It is with profound regret that we record the death of our valued friend, Franklin Bache, M. D., ex-President of the American Philosophical Society, Vice-President of the College of Physicians of Philadelphia, Professor of Chemistry in Jefferson Medical College, and one of the authors of the United States Dispensary. This sad event occurred in this city, on Saturday afternoon, March 19, 1864.

Dr. Bache was universally beloved for his genial, social disposition—respected for his unflinching and strict integrity, and honourable course through life—and admired for his high scientific attainments, especially in chemistry, to which he had particularly devoted himself. His loss to the profession will be a severe one—but to his immediate family, and to his friend and co-labourer through so many years, it is irreparable.

At a special meeting of the College of Physicians of Philadelphia, held March 21, 1864, the following preamble and resolutions were adopted:—

Whereas, The College has learned that it has pleased Almighty God to remove from our midst our late fellow member and Vice-President, Dr. FRANKLIN BACHE:

Resolved, That this event has produced emotions of the deepest nature and regret at

the removal of one who has so long taken an active part in the proceedings of the College, whose many social virtues and amiability of disposition endeared him to us personally as an associate; whose high tone of character, disinterestedness of purpose, unspotted integrity, and honourable life have always commanded our respect and admiration; whose zealous labours in behalf of the institution entitle him to our gratitude, and whose position as an earnest cultivator of the especial department to which his life has been devoted, has placed him among the most distinguished of the Fellows of the College.

Resolved, That the College of Physicians sincerely sympathize with the family of the deceased, and condoles with them in their sorrow.

Resolved, That the Fellows of the College will attend, in a body, the funeral of their late Vice-President, and that a Fellow of the College be appointed to draw up a memoir of his life.

Resolved, That a copy of these proceedings and resolutions be furnished to the family of the deceased, and published in the daily papers.

The profession have also met with a heavy loss by the death, from cerebro-spinal meningitis, of Dr. ROBERT P. THOMAS, Professor of Materia Medica in the Philadelphia College of Pharmacy, the duties of which position he performed with great ability, and very acceptably to the students.

Died, in this city, on the 23d of March, JOHN REDMAN COXE, M. D., formerly Professor of Chemistry, and afterwards of Materia Medica and Pharmacy in the University of Pennsylvania, in the 92d year of his age.

—in Jersey City, Feb. 7, 1864, SILAS L. CONDUCT, M. D., aged 57 years.

FOREIGN INTELLIGENCE.

Diseased Meat as Food.—On several occasions we have drawn attention to the numerous proofs coming before the public, as related in the daily journals, that the flesh of animals slaughtered while in a state of disease is extensively sold as food for human beings. If this is done in London and other cities where there is a pretty vigilant inspection in some of the larger markets, what

must be the case in those towns where there is a deficient inspection! The disgusting practice in question has in Edinburgh become so common that the Town Council has at length been forced to move in the matter.

The allegations which had for some time been made in reference to this abominable practice would also appear to have at length aroused the Lords of the Privy Council, who last year directed an official inquiry to be instituted. Mr. JOHN GAMGEE, the Principal of, and Professor in, the Edinburgh New Veterinary College, was appointed to undertake it, and report thereupon. In order to collect all requisite information for this purpose, Mr. GAMGEE was authorized to visit any of the principal markets and slaughter places in the United Kingdom as well as any district where he might believe that disease amongst cattle was specially rife; and he was further authorized to visit those parts of the continent with which our stock trade is most active, and whence it seemed most likely we might be receiving importations of infectious stock. Mr. GAMGEE has recently made his report; and in the last number of the *Edinburgh Veterinary Review* will be found a very interesting commentary upon it. The points of interest in the report to which we may particularly direct attention are the following: The reporter establishes the fact, that disease prevails very extensively in the United Kingdom amongst horned cattle, sheep, and swine; that the diseased state of an animal not only does not lead the owner to withhold it from being slaughtered for consumption as human food, but, on the contrary, in large classes of cases, where the disease is of an acute kind, leads him to take immediate measures with a view to this application of his diseased animal; and that consequently a very large proportion, perhaps a fifth part, of the common meat of this country—beef, veal, lamb, mutton, and pork—is derived from animals considerably diseased. Horned cattle affected with pleuropneumonia are much oftener than not slaughtered on account of the disease, and when slaughtered are commonly eaten, though the lung-disease shall have made such progress as probably to taint the carcass. Animals attacked by "foot and mouth disease" are not often slaughtered on account of it; but if they should happen to be slaughtered, are uniformly employed

as food. Animals with "anthracic and anthracoid disease" are, with the exception of the gangrenous parts, very extensively used; and the presence of parasites in the flesh of an animal never prevents the owner from selling it as food. Carcasses, too obviously ill-conditioned for exposure in the butcher's shop, are sent in abundance to the sausage-makers, and are also "pickled" and "dried;" and though specially diseased organs are generally thrown aside by most sausage-makers, some will even utilize the most diseased parts that they can obtain. Finally, in connection with some slaughtering establishments, pigs—destined themselves to become human food—are habitually fed on the offal and refuse of the shambles, and consume with other abominable filth such diseased organs as are below the more conscientious sausage-makers' standard of proper condition!—*Lancet*, Oct. 17, 1863.

Rabies in Berlin.—The Berlin police has published a statement in order to show the great efficacy which the plan of muzzling dogs exerts in the prevention of the spread of rabies. This plan was commenced being carried out at the end of 1853, since when the number of cases coming under the cognizance of the police has vastly diminished. Thus, in 1852, the number of cases of rabies reached 107, and in 1853, 94; while since this latter year, they had occurred in the following numbers: 1854, 1; 1855, 3; 1856, none; 1857, 2; 1858-60, none; 1861, 5; 1862, 2; and 1863, 10. It is, however, to be feared that epidemic influences have been here, in some part, overlooked; for in the years 1846-51 there were nearly as few cases observed, although police interference did not then exist.—*Med. Times & Gaz.*, Jan. 16, 1864, from *Preuss. Med. Zeit.*, No. 49.

American and British Pharmacopœias.—A writer in the *Medical Times and Gazette*, Feb. 6, 1864, says: "In all respects the British Pharmacopœia contrasts most unfavourably with the new edition of the American Pharmacopœia."

Cost of preparing the British Pharmacopœia.—It is stated (*British Med. Journ.*, Jan. 23, 1864) that the cost of preparing the British Pharmacopœia was from thirty to thirty-five thousand dollars.